

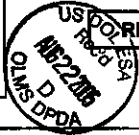
FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - <u>10876</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>KYLE</u> <u>T</u> <u>SPENCE</u> P O Box, Bldg, Room No., if any _____ Street <u>8 SOUTH LAKE STREET</u> City <u>WILMINGTON</u> State <u>Delaware</u> ZIP Code + 4 <u>19804-1759</u>	4 Name, file number, and address of labor organization Name <u>PLUMBERS AND PIPEFITTERS LOCAL UNION #74</u> Labor Organization File Number <u>519-271</u> P O Box, Building and Room Number, if any <u>SUITE 18</u> Street <u>18 BOULDEN CIRCLE</u> City <u>NEW CASTLE</u> State <u>Delaware</u> ZIP Code + 4 <u>19720</u>
5 Position in labor organization <u>PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg, Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a. Nature of Interest, Transaction, or Income _____ 7 b. Amount _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Kyle T. Spence

On

8/12/05
Date

302 999-1406
Telephone Number

Name of Person Filing, KYLE SPENCE	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg , Room No , if any

Street

City

State ZIP Code + 4

9 Business deals with

- ☐ a Labor Organization
- ☐ b Trust
- ☐ c Employer

10 If 9 b or 9 c. is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg., Room No , if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

12.b. Amount.

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name **LU 74 PENSION, WELFARE, AND ANNUITY TRUST FUND**

Trade Name, if any

P O Box, Bldg , Room No , if any

Street **650 NAAMANS ROAD**

City **CLAYMONT**

State **Delaware** ZIP Code + 4 **19703**

14 a Nature of payment.

IFEBP EDUCATIONAL CONFERENCE-- NEW ORLEANS, LA.
11/26/04 - 12/3/04 HOTEL, AIRFARE, REGISTRATION,
EXPENCES, AND LOST WAGES EDUCATIONAL CONFERENCE
AND CLASSES REGARDING TRUST FUND ISSUES FOR
PENSION, WELFARE, AND ANNUITY FUNDS

13.b. Is the Business an Employer ☒ **or Consultant** ☐ **?**

14 b Amount of payment.

\$6,203

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name LU74 PENSION, WELFARE, AND ANNUITY TRUST FUND Trade Name, if any <input type="text"/> P O Box, Bldg , Room No , if any <input type="text"/> Street 650 NAAMANS ROAD City CLAYMONT State Delaware ZIP Code + 4 19703	14 a Nature of payment. <div style="border: 1px solid black; padding: 5px; min-height: 150px;">BOARD OF TRUSTEES MEETING EXPENCE 2/9/04 MEETING TO DISCUSS ISSUES REGARDING THE PENSION, WELFARE, AND ANNUITY FUNDS.</div>
13 b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b Amount of payment. <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$89</div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name LU74 PENSION, WELFARE, AND ANNUITY TRUST FUND Trade Name, if any <input type="text"/> P O Box, Bldg , Room No , if any <input type="text"/> Street 650 NAAMANS ROAD City CLAYMONT State Delaware ZIP Code + 4 19703	14 a Nature of payment. <div style="border: 1px solid black; padding: 5px; min-height: 150px;">BOARD OF TRUSTEES MEETING EXPENCE 4/12/04 MEETING TO DISCUSS ISSUES REGARDING THE PENSION, WELFARE, AND ANNUITY FUNDS.</div>
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b. Amount of payment. <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$66</div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name LU74 PENSION, WELFARE, AND ANNUITY TRUST FUND Trade Name, if any <input type="text"/> P O Box, Bldg , Room No , if any <input type="text"/> Street 650 NAAMANS ROAD City CLAYMONT State Delaware ZIP Code + 4 19703	14 a Nature of payment. <div style="border: 1px solid black; padding: 5px; min-height: 150px;">BOARD OF TRUSTEES MEETING EXPENCE 10/11/04 MEETING TO DISCUSS ISSUES REGARDING THE PENSION, WELFARE, AND ANNUITY FUNDS.</div>
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b Amount of payment. <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$69</div>

Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name LU74 PENSION, WELFARE, AND ANNUITY TRUST FUND

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 650 NAAMANS ROAD

City CLAYMONT

State Delaware ZIP Code + 4 19703

14 a Nature of payment.

BOARD OF TRUSTEES MEETING EXPENSE 12/6/04
MEETING TO DISCUSS ISSUES REGARDING THE PENSION,
WELFARE, AND ANNUITY FUNDS.

13 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment.

\$64

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name LU74 PENSION, WELFARE, AND ANNUITY TRUST FUND

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 650 NAAMANS ROAD

City CLAYMONT

State Delaware ZIP Code + 4 19703

14 a Nature of payment.

REIMBURSEMENT FOR LOST WAGES TO ATTEND TRUSTEE
MEETINGS ON THE FOLLOWING DATES
2/9/04, 4/12/04, 6/21/04, 7/8/04, 10/11/04,
11/4/04, 11/11/04, AND 12/6/04.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment.

\$1,387

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name BRANDYWINE ASSET MANAGEMENT

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 3 CHRISTINA CENTRE, 201 N. WALNUT ST

City WILMINGTON

State Delaware ZIP Code + 4 19801

14.a. Nature of payment.

MEETING TO DISCUSS OUR ASSET ALLOCATIONS FOR
LOCAL 74 PENSION FUND

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment.

\$35

Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)**Name **OPPENHEIMER CAPITAL**

Trade Name, if any

P O Box, Bldg , Room No , if any

Street **1345 AVE OF THE AMERICAS 49TH FLOOR**City **NEW YORK**State **New York** ZIP Code + 4 **10105-6909****14 a Nature of payment.****MEETING TO DISCUSS INVESTMENT ISSUES AND NEW
PRODUCTS AND SERVICES AVAILABLE TO THE LOCAL 74
PENSION FUND 12/1/04****13 b Is the Business an Employer** ☒ **or Consultant** ☐ **?****14 b Amount of payment.****\$30****C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value****13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)**

Name

Trade Name, if any

P O Box, Bldg , Room No , if any

Street

City

State ZIP Code + 4

14 a Nature of payment.**13.b. Is the Business an Employer** ☐ **or Consultant** ☐ **?****14 b Amount of payment.****C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value****13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)**

Name

Trade Name, if any

P O Box, Bldg , Room No , if any

Street

City

State ZIP Code + 4

14 a Nature of payment.**13.b. Is the Business an Employer** ☐ **or Consultant** ☐ **?****14 b Amount of payment.**